

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763401

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE 183RD STREET ROAD CORPORATION, INC.

Current Principal Place of Business:

5300 ISLAND BLVD
POA OFFICE
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

5300 ISLAND BLVD
POA OFFICE
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 59-2424735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICOLE, SHEIN
5300 ISLAND BLVD
POA OFFICE
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FURSHMAN, MARSHALL
Address: 5300 ISLAND BLVD - POA OFFICE
City-St-Zip: AVENTURA, FL 33160

Title: VP () Delete
Name: WHITE, ROD
Address: 5300 ISLAND BLVD - POA OFFICE
City-St-Zip: AVENTURA, FL 33160

Title: S () Delete
Name: JURKOWITZ, ARTHUR
Address: 5300 ISLAND BLVD - POA OFFICE
City-St-Zip: AVENTURA, FL 33160

Title: T () Delete
Name: KOOLIK, STANLEY
Address: 5300 ISLAND BLVD - POA OFFICE
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SHELLEY, ROBERT
Address: 5300 ISLAND BLVD - POA OFFICE
City-St-Zip: AVENTURA, FL 33160

Title: T (X) Change () Addition
Name: WHITE, ROD
Address: 5300 ISLAND BLVD - POA OFFICE
City-St-Zip: AVENTURA, FL 33160

Title: VP (X) Change () Addition
Name: JURKOWITZ, ARTHUR
Address: 5300 ISLAND BLVD - POA OFFICE
City-St-Zip: AVENTURA, FL 33160

Title: S (X) Change () Addition
Name: PAUL, POLACHEK
Address: 5300 ISLAND BLVD - POA OFFICE
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE SHEIN

RA

03/19/2009

Electronic Signature of Signing Officer or Director

Date